

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2009
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295008 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/11/2008 | |
| NAME OF PROVIDER OR SUPPLIER EL JEN CONVALESCENT HOSP SNF | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W DUNCAN DRIVE LAS VEGAS, NV 89130 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS This Statement of Deficiencies was generated as a result of an annual Medicare Recertification survey which was conducted at your facility from July 8, 2008 through July 11, 2008. The census at the time of the survey was 128. The sample size was 38, including 3 closed records. The following complaint was investigated: Complaint #NV16759 - Unsubstantiated The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | | | F 000 | | | |
| F 241 SS=D | 483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure dignity and respect was provided for 1 of 38 sampled and 2 unsampled residents. Findings include: Observation | | | F 241 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 241 | Continued From page 1 On 7/10/08 at 4:00 PM, an un-sampled resident received an injection in his arm while sitting in his wheelchair in the middle of the hallway outside his room. On 7/8/08, 7/9/08 and 7/10/08 (at breakfast and lunch), clothing protectors were placed on all the residents (un-sampled) in the dining room closest to the kitchen without them being asked if they would like to have one. On 07/10/08 in the afternoon, Resident #1 received a fingerstick for a blood sugar reading while seated in the hallway among the presence of other residents. | F 241 | | | |
| F 246 SS=D | 483.15(e)(1) ACCOMMODATION OF NEEDS A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to reasonably accommodate the needs for 2 of 38 sampled residents (#6, #13). Findings include: Resident #6 Resident #6 was a 96 year old female admitted | F 246 | | | |

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| F 246 | <p>Continued From page 2</p> <p>on 6/13/08 with diagnoses to include Chronic Obstructive Lung Disease, Depression, Hypertension, Dementia, Organic Delusional Disorder, Dysphagia, Edema of Bilateral Extremities and Gastrointestinal Reflux Disease.</p> <p>Observation</p> <p>On 07/09/08 at the noon meal, Resident #6 was observed in the dining room being fed by a Certified Nursing Assistant (CNA). The resident was in a wheelchair with her legs raised, her eyes were closed and her arms were positioned at her sides covered with a sheet. The resident ate approximately one-third of her lunch.</p> <p>On 07/09/08 in the afternoon, Resident #6 was observed tossing a ball with the Occupational Therapist (OT). The resident was observed raising her arms above her head and using a tissue to wipe her nose during therapy.</p> <p>On 07/10/08 during breakfast, Resident #6 was observed in bed being fed by a CNA. The resident ate approximately one-third of her breakfast.</p> <p>On 07/10/08 at the noon meal, Resident #6 was able to eat by herself with supervision after she requested to be positioned closer to the dining room table. The resident was able to eat two-thirds of her meal.</p> <p>On 07/11/08, Resident #6 was observed sitting at the dining room table feeding herself with cueing from a CNA. The resident ate approximately two-thirds of her meal.</p> <p>Interview</p> | F 246 | | | |

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| F 246 | <p>Continued From page 3</p> <p>On 07/10/08, Resident #6 was interviewed after breakfast. She indicated that she usually was fed breakfast in bed however in the afternoon she liked to eat lunch and dinner in the dining room. The resident indicated she could feed herself if she was positioned closer to the dining table. She stated, "I guess they feed me because I am too slow and make a mess."</p> <p>On 07/10/08, the OT revealed Resident #6 had good range of motion in her arms and hands and that she could feed herself.</p> <p>Record Review</p> <p>The Activities of Daily Living Rehabilitation Potential dated 06/25/08, indicated Resident #6 was to participate in Physical Therapy / Occupational Therapy to maximize her functional potential.</p> <p>The Restorative Nursing Mobility Evaluation form dated 6/13/08, indicated Resident #6 had one hundred percent range of motion in her upper body.</p> <p>The physician's order dated 06/18/08, indicated Resident #6 should have one-on-one supervision / assistance for all meals.</p> <p>Resident #13</p> <p>Resident #13, an 87 year old female, was admitted on 2/1/08 and re-admitted on 5/26/08. The diagnoses at the most current admission were Left Intertrochanteric Hip Fracture, S/P (Status Post) Closed Reduction/Internal Fixation of Left Hip, S/P Fall, Unspecified Debility,</p> | F 246 | | | |

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| F 246 | Continued From page 4 Difficulty With Ambulation, Congestive Heart Failure, Coronary Artery Disease, Cardiomegaly, Right Carotid Arterial Stenosis, Personal History Transient Ischemic Attack, Old Myocardial Infarction X 3, Arthritis, Dementia, Psychosis, History of Weight Loss, and Erosive Esophagitis. Observation On all days of the survey, a mattress was on the floor of the room occupied by Resident #13. At various times the resident was observed resting on the mattress. An overbed table, approximately 36 inches high was positioned at the end of the mattress. A pitcher of water and cups were on the table on all days of survey. There were no fluids within the resident's reach when she was reclining on the mattress. Interview On 7/9/08 at 9:00 am, the Certified Nursing Assistant revealed the resident was unable to arise from her wheelchair to a standing position without the physical assist of one hand to the resident's back. On 7/11/08 at 10:40 am, the Director of Nurses revealed Resident #13 was not capable of arising from the mattress on the floor of her room. | F 246 | | | |
| F 281 SS=D | 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document | F 281 | | | |

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| F 281 | <p>Continued From page 5</p> <p>review, the facility failed to ensure professional standards of quality were met for 1 of 38 sampled residents and 1 unsampled resident.</p> <p>Findings include:</p> <p>Observation</p> <p>On 7/8/08 and 7/9/08, two different medication nurses failed to perform hand hygiene (either by washing them with soap and water or using an alcohol based hand sanitizer) in between administration of medications to residents in their rooms and in the dining room.</p> <p>Document Review</p> <p>Guidelines for Hand Hygiene in Health-Care Settings Referenced from The Center for Disease Control-Healthcare Infection Control Practices Advisory Committee October 25, 2002.</p> <p>Rationale for hand hygiene:</p> <ul style="list-style-type: none"> -Potential risks of transmission of microorganisms -Potential risk of health-care worker colonization or infection caused by organisms acquired from the patient -Morbidity, mortality and costs associated with health-care associated infections <p>Indications for hand-hygiene</p> <ul style="list-style-type: none"> -Contact with a patient's intact skin (examples. taking pulse, blood pressure, performing physical examinations, lifting the patient in bed). -Contact with environmental surfaces in the immediate vicinity of patient's | F 281 | | | |

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| F 281 | Continued From page 6 -After glove removal Techniques for hand hygiene -Amount of hand-hygiene solution -Duration of hand-hygiene procedures -Selection of hand-hygiene agents -Alcohol-based hand rubs are recommended for routine decontamination of hands for reducing the number of bacteria on the hands of personnel. Antiseptic soaps and detergents are the next most effective, and non-antimicrobial soaps are the least effective. -Soap and water are recommended for visibly soiled hands. -Alcohol-based hand rubs are recommended for routine decontamination of hands for all clinical indications (except when hands are visibly soiled) as one of the options for surgical hygiene. Interview On 7/10/08, the Director of Nurses (DON) indicated she would expect the nurse to perform hand hygiene in between residents while passing medications anywhere in the facility. | F 281 | | | |
| F 323 SS=E | 483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: | F 323 | | | |

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| F 323 | <p>Continued From page 7</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 9 of 38 residents received adequate supervision and assistance devices to prevent accidents for residents with a diagnosis of seizure disorder (#7, #26, #27, #28, #29, #32, #33, #34 and #37).</p> <p>Findings include:</p> <p>Observation</p> <p>On all days of the survey, Residents #7, #26, #27, #28, #29, #32, #33, #34 and #37 were observed without padded side rails while in bed or a landing strip on the floor.</p> <p>Interview</p> <p>On 07/08/08 in the afternoon, the Director of Nurses indicated the facility had no written policy for seizure precautions however, the staff had an inservice on orientation. She indicated residents either had padded side rails (if they used side rails) or a landing strip on the floor.</p> <p>On 07/11/08, Employees #14 and #16 indicated seizure precautions included padded side rails and a landing strip on the floor.</p> <p>On 07/11/08 in the afternoon, Employee #15 indicated he would call a nurse if a resident was having a seizure. He indicated he was not sure what else to do.</p> <p>Record Review</p> <p>The current Medication Administration Records for Residents #7, #26, #27, #28, #29, #32, #33, #34 and #37, indicated the residents were on</p> | F 323 | | | |

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| F 323 | Continued From page 8 anti-seizure medication. | F 323 | | | |
| F 328 SS=D | <p>The current physician's orders for Residents #7, #26, #27, #28, #29, #32, #33, #34 and #37, indicated the residents had side rails up while in bed for positioning.</p> <p>483.25(k) SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 38 residents received an enteral feeding as ordered (#15).</p> <p>Findings include:</p> <p>Resident #15</p> <p>Resident #15, an 87 year old female, was admitted on 2/21/08 with diagnoses including Organic Delusional Disorder, Progressive Dementia, Unspecified Debility, Cognitive Dysfunction, Dysphagia Due to Cerebrovascular Disease, Dysphagia of Oropharyngeal Phase, Attention to Gastrostomy, Hypokalemia, and Poor</p> | F 328 | | | |

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| F 328 | <p>Continued From page 9</p> <p>Oral Intake.</p> <p>Observation</p> <p>On 7/11/08 after the breakfast meal, Resident #15 was observed in bed in her room. The Licensed Practical Nurse (LPN) requested the Certified Nursing Assistant (CNA) to place the resident in a geri-chair in preparation for a bolus formula feeding.</p> <p>The resident was seated in a geri-chair at approximately an 80 degree angle. The LPN administered a bolus feeding of 200 milliliters (ml.) of water and 200 ml. of Fibersource formula.</p> <p>Interview</p> <p>On 7/11/08 after the breakfast meal, the LPN revealed the oral intake for the resident at breakfast was 25%. The LPN indicated that a bolus feeding of Fibersource was given anytime the resident ate less than 50% at a meal.</p> <p>The LPN poured 200 ml of Fibersource formula into a graduated cylinder and indicated that the order was for 200 ml and she would discard the remainder of the formula in the can. The can contained 250 ml. of formula per its label.</p> <p>Record Review</p> <p>The orders dated 5/07/08, indicated "Fibersource 250 ml bolus via G (gastrostomy) tube if resident eats less than 50% of a meal." Another order stated "Flush G tube with 200 cc (cubic centimeters) of water after every four hours."</p> <p>A dietary order dated 4/23/08, was for an oral diet</p> | F 328 | | | |

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| F 328 | Continued From page 10 of pureed RCS (Reduced Concentrated Sweets) and on 4/28/08, was for honey thick liquids (in 2.5 cc amounts with all meals for breakfast, lunch and dinner). The Medication Administration Record (MAR) for July 2008, indicated the following in the column labeled formula strength, calories, flow rate: "Give Fibersource 200 ml bolus via G -tube if resident eat <50% (per cent) each meal". The MAR for 7/1 through breakfast on 7/11/08 indicated that the resident received the bolus feeding for 30 of the 31 meals documented. The "Food & Fluid Intake Worksheet" indicated that on July 1 the resident ate 100% at the mid-day meal. The MAR indicated that on July 1st at the noon meal, per order, the resident did not receive a feeding. For the 30 bolus feedings administered at 200 ml for July 2008, the resident received 1500 ml formula, 1800 kilocalories and 64.5 grams of protein less than ordered. The most current laboratory report, dated 4/18/08, indicated the total protein was low at 4.8 grams/deciliter (g/dl). The reference range was indicated as 6.0 -8.0 g/dl. The Care Plan indicated that the resident had a problem of "Hx (history) failure to thrive with weight loss..." The approach included "Provide Fibersource 250 ml bolus via g-tube if eats <50% (less than 50 percent) of a meal-flush g-tube with 200 cc of water Q (every) 4 hours." | F 328 | | | |
| F 363 SS=E | 483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended | F 363 | | | |

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| F 363 | <p>Continued From page 11</p> <p>dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure that menus were followed.</p> <p>Findings include:</p> <p>Observation</p> <p>1. On 7/10/08 during the breakfast meal, French toast was served. The posted menu item of biscuits with gravy was not served. The residents eating in the Garden Dining Room received an egg in addition to the French toast. Some of the residents in the assisted dining and independent dining room received bacon with the French toast.</p> <p>2. On 7/10/08 at the noon meal, residents on puree diets received pureed ham, pureed baked beans, mashed potatoes with gravy, and applesauce.</p> <p>Document Review</p> <p>1. The menu did not indicate that eggs or bacon were to be served.</p> <p>2. The puree menu for the 7/10/08 noon meal, included pureed baked ham, ham glaze, pureed canned baked beans, pureed seasoned cabbage, and pureed chocolate chip bar.</p> | F 363 | | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295008 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/11/2008 |
| NAME OF PROVIDER OR SUPPLIER EL JEN CONVALESCENT HOSP SNF | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W DUNCAN DRIVE LAS VEGAS, NV 89130 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 363 | Continued From page 12 Interview On 7/10/08 at 12:15 pm, the cook indicated there was no cornbread puree as bread left from breakfast was pureed with the pureed meat. The cook indicated that no cabbage was pureed. She indicated that pureed bread and pureed vegetables were always added to the pureed meat. On 7/11/08 at 10:30 am, the dietary manager indicated that the cook used pureed Texas toast but no vegetables in the pureed ham at the noon meal on 7/10/08. The manager indicated that the puree diets were not served puree corn bread, pureed seasoned cabbage, and pureed chocolate chip bar. The dietary manager stated that 17 residents received puree diets. The dietary manager indicated that biscuits and gravy were not served as the gravy was not received on the food delivery. | F 363 | | | |
| F 364 SS=D | 483.35(d)(1)-(2) FOOD Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to serve food at acceptable temperatures at point of service. Findings include: Observation | F 364 | | | |

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| F 364 | Continued From page 13 On 7/10/08 at 12:00 pm, three enclosed metal carts were delivered at staggered, timed intervals to the main dining room. At 12:34 pm, a puree test tray was in the main dining room. All trays had been passed to the residents in the independent and assisted dining areas of the room by that time. Four of the delivered meal trays had lids over the entree plate. At 1:04 pm, the last covered entree was uncovered and a resident was fed the puree meal. At 1:04 pm, temperatures of the puree test tray included pureed navy beans at 98 degrees Fahrenheit (F) and pureed ham with bread at 120 degrees F. (At 11:55 am, the temperature of the foods in the steam table in the kitchen were 170 degrees F and 172 degrees F respectively.) Interview Nursing staff indicated that the resident who was fed the last tray (puree) was not capable of feeding herself. | F 364 | | | |
| F 371 SS=D | 483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to serve food under sanitary conditions. Findings include: | F 371 | | | |

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| F 371 | <p>Continued From page 14</p> <p>Observation</p> <p>On 7/10/08 in the morning, the wall vent located at the clean end of the warewashing machine had an accumulation of dust in the vent.</p> <p>On 7/10/08 at 11:55 am, the temperature of mashed potatoes, taken at a 2 inch depth, was 128 degrees Fahrenheit (F). The cook served the mashed potatoes from the top of the pan.</p> <p>Interview</p> <p>The cook indicated that the temperature of the mashed potatoes when taken from the steamer was above 140 degrees F.</p> | | | F 371 | | | |